08-01789-cgm Doc 2964-10 Filed 09/02/10 Entered 09/02/10 17:11:09 Exhibit J U.S. Income Tax Return for Estates and Trusts For calendar year 2003 or fiscal year beginning OMB No. 1545-0092 Name of estate or trust (if a grantor type trust, see page 12 of the instructions.) Type of entity: C Employer identification number Decedent's estate 13 6905529 D Date entity created Simple trust PATRICIA SAMUELS FAMILY TRUST Name and title of fiduciary X Complex trust <u>05/05/1988</u> Qualified disability trust E Nonexempt charitable and splitinterest trusts, check applicable ESBT (S portion only) BERNARD L MADOFF TRUSTEE boxes (see page 13 of the Grantor type trust Number, street, and room or suite no. (If a P.O. box, see instructions.) instructions): Bankruptcy estate-Ch. 7 Bankruptcy estate-Ch. 11 885 THIRD AVENUE Described in section 4947(a)(1) City or town, state, and ZIP code Pooled income fund Not a private foundation 10022 Described in section 4947(a)(2) NEW YORK, NY F Check B No. of Sch K-1 Initial return X Final return G Pooled mortgage account: Amended return applicable attached > boxes: Change in fiduciary's name Change in fiduciary's add Bought Sold Date: Interest income 1 2 a Total ordinary dividends SEE STATEMENT 52,539. 28 b Qualified dividends allocable to: (1) Beneficiaries ____ (2) Estate or trust Business income or (loss) (attach Schedule C or C-EZ (Form 1040)) 3 3 Capital gain or (loss) (attach Schedule D (Form 1041)) 1,073,342. Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040)) в Farm income or (loss) (attach Schedule F (Form 1040)) 6 Ordinary gain or (loss) (attach Form 4797) 7 7 8 Other income, List type and amount В 9 Total income. Combine lines 1, 2a, and 3 through 8 g 1,125,881 ►X SEE STATEMENT 2 207.94 10 Interest, Check if Form 4952 is attached 10 11 11 12 Fiduciary fees 12 13 Charitable deduction (from Schedule A, line 7) Attorney, accountant, and return preparer fees 14 15 a Other deductions not subject to the 2% floor (attach schedule) 15a **Deductions** b Allowable miscellaneous itemized deductions subject to the 2% floor 15b Total. Add lines 10 through 15b 207,943 16 917,938. 17 Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1 17 Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041)) 917.938. 18 Estate tax deduction (including certain generation-skipping taxes) (attach computation) 19 19 100. 20 20 918,038. 21 Total deductions. Add lines 18 through 20 21 Taxable income. Subtract line 21 from line 17. If a loss, see instructions 22 -100. 23 Total tax (from Schedule G, line 7) Payments: a 2003 estimated tax payments and amount applied from 2002 return 24a b Estimated tax payments allocated to beneficiaries (from Form 1041-T) 246 fax and Payments c Subtract line 24b from line 24a 24c d Tax paid with extension of time to file: ____ Form 2758 Form 8736 24d • Federal income tax withheld. If any is from Form(s) 1099, check 248 Other payments; f Form 2439 24h Total payments. Add lines 24c through 24e, and 24h 25 25 Estimated tax penalty (see page 19 of the instructions) 26 27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed 27 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid 28 Amount of line 28 to be; a Credited to 2004 estimated tax Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. return with the preparer shown below (see instr.)? Sign Hera X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Signature of fiduciary or officer representing liduciary

Preparer's

Paid

310801 12-30-03 685-7215

Preparer's SSN or PTIN

Phone no. (212)

L& 1 & 3

13 2811464

EIN of fiduciary if a financial institution

EIΝ

Check if self-

employed

Date

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	1041 (2003) PATRICIA SAMUELS FAMILY TRUST		_ <u>_1_3</u>	<u>-6905529</u>	Pag	e 2
	chedule A Charitable Deduction. Do not complete for a simple trust or a poole	ed income fund.	 -			
1	Amounts paid or permanently set aside for charitable purposes from gross income (see instruction)	1				
2	Tax-exempt income allocable to charitable contributions (see instructions)	2				
3	Subtract line 2 from line 1		3			
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable	purposes	4			
	Add lines 3 and 4		5			
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable pur	poses (see instructions)	В			
7	Charitable deduction. Subtract line 6 from 5. Enter here and on page 1, line 13	*******************************	7			
S	chedule B Income Distribution Deduction					
1	Adjusted total income (see page 20 of the instructions)		1	917	, 93	18.
2	Adjusted tax-exempt interest		2			
3	Total net gain from Schedule D (Form 1041), line 16a, column (1) (see instructions)		3	1,073	,34	2.
4	Enter amount from Schedule A, line 4 (reduced by any allocable section 1202 exclusion)		4			
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)	***************************************	5			
8	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the		ļ			
	loss as a positive number		8	-1,073	, 34	12.
7			7	917		
8	If a complex trust, enter accounting income for the tax year as					
	determined under the governing instrument and applicable local law 8	2,415,947.				
9	Income required to be distributed currently		9			
10	Other amounts paid, credited, or otherwise required to be distributed		10	917	, 9 :	38.
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions.		11	917		
12	Enter the amount of tax-exempt income included on line 11		12			
13	Tentative income distribution deduction. Subtract line 12 from line 11		13	917	, 9 :	38.
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-		14	917		
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 1		15	917		
	chedule G Tax Computation					
		в О.				
	b Tax on lump-sum distributions (attach Form 4972)		18.00			
		c	100000			
	d Total. Add lines 1a through 1c	-	1d	1		0.
28		a				
b	Other nonbusiness credits (attach schedule)		1::::::::			
C	General business credit. Enter here and check which forms are attached:					
	☐ Form 3800 ☐ Forms (specify) ▶	to				
d		ed .	1			
	Total credits, Add lines 2a through 2d		3	-		0.
4	Subtract line 3 from line 1d. If zero or less, enter -0-					Ö.
5	Recapture taxes. Check if from: Form 4255 Form 8611					
6	Household employment taxes. Attach Schedule H (Form 1040)		8			
7				 		0.
	Other Information			,	Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation	n of expenses.			•	X
-	Enter the amount of tax-exempt interest income and exempt-interest dividends > \$	··		·····		
2		ation) of any		ļ.		
	individual to a constant and a common management of the same and a second					Х
3						
	•			j		х
	See page 23 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If	"Yes," enter				
	the name of the foreign country					
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or	r transferor to.		 [
a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions						Х
5			•••••			-21
_	· · · · · · · · · · · · · · · · · · ·					х
6	see page 23 for required attachment If this is an estate or a complex trust making the section 663(b) election, check here					
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here	***************************************				
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the dela	v in cincing the setate and chan	k hora			
9	Are any present or future trust beneficiaries skip persons? See instructions				n, an i	X
210	and and the first and arrive and a property of the first and arrive arrive and arrive ar					\triangle

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Form 1041 (2003) PATRICIA SAMUELS FAMILY TRUST

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Form 1041 (2003)

Schedule 1 Alternative Minimum Tax (see pages 24 through 30 of the instructions)

1	Adjusted total income or (loss) (from page 1, line 17)		_	1	917	,938.
	Interest			2		
3	Taxes			3		
4	Miscellaneous itemized deductions (from page 1, line 15b)			4		_
5	Refund of taxes			5 (}
6	Depletion (difference between regular tax and AMT)			в		
7	Net operating loss deduction, Enter as a positive amount			7		
8	Interest from specified private activity bonds exempt from the regular tax			8		
9	Qualified small business stock (see page 25 of the instructions)			9		<u> </u>
10	Exercise of incentive stock options (excess of AMT income over regular tax income)			10		
11				11	-	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)			12		
13	Disposition of property (difference between AMT and regular tax gain or loss)			13		
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14				
15	Passive activities (difference between AMT and regular tax income or loss)	15				
18	Loss limitations (difference between AMT and regular tax income or loss)	16				
17						
18						
19	Mining costs (difference between regular tax and AMT)			19		
20	Research and experimental costs (difference between regular tax and AMT)	**********		20		
21	Income from certain installment sales before January 1, 1987)			21 (·)
22				22		
23	Other adjustments, including income-based related adjustments			23		
24				24 ()
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24		.,	25	917	,938.
	Note: Complete Part II on page 4 before going to line 26.					
28	Income distribution deduction from Part II, line 44	28	917,938.			
27						
28	Add lines 26 and 27		***************************************	28	917	,938.
29				29		0.
	If line 29 is:					
	• \$22,500 or less, stop here and enter -0- on Schedule G, line 1c. The estate or trust is not liable for	the alterna	tive minimum tax.			
	 Over \$22,500, but less than \$165,000, go to line 45. 					
	• \$165,000 or more, enter the amount from line 29 on line 51 and go to line 52					

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Form 1041 (2003)PATRICIA SAMUELS FAMILY TRUST

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30	Adjusted alternative minimum taxable income (see page 28 of the instructions)	30	917,938.
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	0.
32	Total net gain from Schedule D (Form 1041), line 16a, column (1). If a loss, enter -0-	32	1,073,342.
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Schedule A, line 4)	33	0.
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	0.
35	Capital gains computed on a minimum tax basis included on line 25	35	1,073,342.)
38	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	38	0.
37	Distributable net alternative minimum taxable income (DNAMTI), Combine lines 30 through 36. If zero or less, enter -0-	37	917,938.
38	Income required to be distributed currently (from Schedule B, line 9)	38	0.
39	Other amounts paid, credited, or otherwise required to be distributed (from Schedule B, line 10)	39	917,938.
40	Total distributions. Add lines 38 and 39	40	917,938.
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	917,938.
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-	43	917,938.
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43. Enter here and on line 26	44	917,938.

Part III - Alternative Minimum Tax

45	Exemption amount			45	\$22,500
46	Enter the amount from line 29	48			
47	Phase-out of exemption amount	47	\$75,000		
48	Subtract line 47 from line 46. If zero or less, enter -0-			200	
49	Multiply line 48 by 25% (.25)			49	
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	
51	Subtract line 50 from line 46	51			
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends	2000000			
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Oth	erwise, If line 5	1 is -	11.22	
	• \$175,000 or less, multiply line 51 by 26% (.26).				
	• Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result	52			
53	Alternative minimum foreign tax credit (see page 29 of the instructions)	53			
54	Tentative minimum tax. Subtract line 53 from line 52				
55	Enter the tax from Schedule G, line 1a (minus any foreign tax credit from Schedule G, I	55			
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Ente	56			

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Form 1041 (2003)

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Form 1041 (2003)PATRICIA SAMUELS FAMILY TRUST

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Part IV - Line 52 Computat	on Using Maximum	Capital Gains Rates
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	The state of the s			
	Caution: If you did not complete Part V of Schedule D (Form 1041), see page 29 of the instr	uctions before completing t	his part.	
57	Enter the amount from line 51	ş	57	
58	Enter the amount from Schedule D (Form 1041), line 23 or line 13 of the			
	Schedule D Tax Worksheet, whichever applies (as refigured for AMT, if necessary)	58		
59	Enter the amount from Schedule D (Form 1041), line 15d, column (2)			
80	(as refigured for AMT, if necessary) If you did not complete a Sch D Tax Worksheet for the regular tax or the AMT, enter the amt from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the Sch D Tax Worksheet (as refigured for the AMT, if necessary).	60		
	Enter the smaller of line 57 or line 60		61	
	Subtract line 61 from line 57		62	
63	If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract \$3,500 from the result		63	
64	Enter the amount from Schedule D (Form 1041), line 27, or line 19 of the			
	Schedule D Tax Worksheet, whichever applies (as figured for the regular tax)	84		
65	Enter the smaller of line 57 or line 58	85		
66	Enter the smaller of line 64 or line 65	88		
67	If you did not complete Schedule D Tax Worksheet for the regular tax or the AMT, enter			
	the amount from Schedule D (Form 1041), line 40 (or if that line is blank, the amount		8.411 A 00 00000000 000000000	
	from Schedule D (Form 1041), line 28). Otherwise, enter the amount from line 32 of the			
	Schedule D Tax Worksheet on page 37 of the instructions (or if that line is blank, the			
	amount from line 20 of the worksheet). Refigure all amounts for the AMT, if necessary			
	(see page 29 of the instructions)	67		
68	Enter the smaller of line 66 or line 67.	88		
	If line 68 is zero, go to line 76. Otherwise, go to line 69.			
89	Multiply line 68 by 5% (.05)		▶ 69	
70	Subtract line 68 from line 66. If zero or less, enter -0-	70	::::::::::::::::::::::::::::::::::::::	
71	Enter your qualified 5-year gain, if any, from			
	Schedule D (Form 1041), line 15c, column (2)			
	(as refigured for the AMT, it necessary) 71	10000000 10000000 10000000	1000000	
72	Enter the smaller of line 70 or line 71	72		
73			73	
	Subtract line 72 from line 70			
	Multiply line 74 by 10% (.10)		75	
	Subtract line 68 from line 67	i I		
77				
	Enter the smaller of line 76 or line 77			
79	Multiply line 78 by 15% (.15)		> 79	
	Subtract line 78 from line 77	1		
	Multiply line 80 by 20% (.20)		▶ 81	
	If line 59 is zero or blank, skip lines 82 and 83 and go to line 84. Otherwise, go to line 8;			
82	0.13 .47 .057 .41 .64	1 1	**********	
	11-11	'		
	Multiply line 82 by 25% (.25) Add lines 63, 69, 73, 75, 79, 81 and 83		> 83	
	If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 2		84	
UU			95	
ДД	and subtract \$3,500 from the result Enter the smaller of line 84 or line 85 here and on line 52			-
90	Lines are arrested into each til line on their after our line on		88	

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Exhibit J

Capital Gains and Losses

OMB No. 1545-0092

(Form 1041)
Department of the Treasury
Internal Revenue Service

SCHEDULE D

Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name o	of estate	or trust	
--------	-----------	----------	--

Employer identification number

PATRICIA SAMUELS FA	MILY TRUE	ST								13-	<u>-690</u>	5529
lote: Form 5227 filers need to complete								_				
Part I Short-Term Capital Gains		ts Heid One Year o	ır Less	_								
(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales	price	(e)) Cost bas		ər	for the e	or (Loss) ntire year oss col. (e)	1	est-May 5 gain or (loss)* see below)
1 HCA	04/04/03	04/22/03	2 121	000	٦ (026	25	n _	-905	, 250		
HCA	04/04/03	04/22/03	1 921	400	2	747	20	o.		,800	_	
CARMAX	06/04/03	10/03/03	1 200	900	<u>.</u>	861	73	n .		,170		48,170.
BROADCOM	07/10/03			950.		990				550		53,550.
BROADCOM	01/10/03	10/02/03					, <u></u>			7.555		
2 Short-term capital gain or (loss) from	n Forms 4684, 625	2, 6781, and 8824					$-\top$	2				
3 Net short-term gain or (loss) from pa							···					
estates or trusts		,,					}-	3		-	nerce)	
4 Short-term capital loss carryover. En 2002 Capital Loss Carryover Worksh								4	. ()	
5a Combine lines 1 through 3 in column								5a			2	94,620.
b Net short-term gain or (loss). Comb							···				(0), (0), (1)	
	Title littes + dirough							5b	-14	33430	• 33.83.0	
Part II Long-Term Capital Gains												
(a) Description of property	(b) Date	(c) Date	(d) Sale	s price	(6) Cos		her		or (Loss)		ost-May 5 gain
(Example, 100 shares 7% preferred of "Z" Co.)	acquired (mo., day, yr.)	sold (mo., day, yr.)				Da	isis			entire year less col. (e		or (loss)* (see below)
6 SEE STATEMENT 3									2,50	6,772	2,	06,772.
		<u> </u>	<u></u>									
	<u> </u>				↓_				ļ			
					<u> </u>				ļ <u> </u>			
<u></u>		<u> </u>	 		+			-	<u> </u>		_	
7 Long-term capital gain or (loss) from	m Forms 2430, 468	4 6252 6781 and	1 8824					7	-		_ _	
 7 Long-term capital gain or (loss) from 8 Net long-term gain or (loss) from p 								В	 			
								9				
								10				
11 Long-term capital loss carryover. E									1		Timpel:	
2002 Capital Loss Carryover Works								11	1)	
12 Combine lines 6 through 10 in colu								12	STREET, STREET,		2,	506,772
13 Net long-term gain or (loss). Com	hine lines 6 through	11 in column (f).	Enter here ar	nd on line	15a l	below	>	13	2,50	6,77	2.	
* Include in col. (g) all gains and losses to	from col. (f) from sa	iles, exchanges, or	conversions	(includin	g ins	tallmer	ıt payr	nents	received)	after		
May 5, 2003. However, do not include ga	ain attributable to ur	recaptured section	n 1250 gain e	ог 28% га	- te gai	in or lo	ss (se	e inst	г.)			
Part III Summary of Parts I and	11					(1) Be			(2)	Estate's r trust's		(3) Total
Caution; Read the instru	ctions before comp	leting this part.			_							1433430
14 a Net short-term gain or (loss) (for '	the entire year))			L					-14	13343	U	1433430
b(1) Net short-term gaiπ (post-May	5, 2003)		1-4		1.73.7	Dinagra	11371111	\$183E				
b(2) Net short-term loss (post-May	5, 2003)				-			40	1 1	12 42) ::::::	F06 771
15 a Net long-term gain or (loss) (for t										3,43	U • Z ,	506,772
b Net-long term gain (post-May 5, 2	•					, 50	0,/	14	-			errande en de en de en indication de la companya d La companya de la companya de
					 -			_	 -		+	
d Unrecaptured section 1250 gain (s				l					+		_	
• 28% rate gain or (loss)					_	0.77	2 -	1 2	-		0 1	072 242
18 a Total pet enis or Heart Complia-	lines 14a and 15a			▶ 16a	1 <u> 1</u>	.07	3,3	942	•		ر لم ا	073,342
16a Total net gain or (loss). Combine b Combine lines 14b(2) and 15b. If:									(ii)		113411	

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Schedule D (Form 104	11) 2003					Page 2
Part IV Capit	tal Loss Limitation					
17 Enter here and e	nter as a (loss) on Form 1041, line 4, th	e smaller	of:			
n The loss on E	ine 16a, column (3) or					
ь \$3, 000						(
If the loss on line 16a,	column (3), is more than \$3,000, or if	orm 1041	, page 1, line 22, is a los	s, complete the (Capital Loss	
	on page 36 of the instructions to deter			<u> </u>	·	
Part V Tax (Computation Using Maximum Capital	ains Rate	s (Complete this part on	ly if both lines 1	5a and	
104	n column (2) are gains, or an amount is	entered in	Part I or Part II and the	e is an entry on	Form 1041,	
Note: If line 15	2b(2), and Form 1041, line 22 is more t d, column (2) or line 15e, column (2) is	more than	zero, complete the work	sheet on page 3	7 of the instructions	
and skip Part V	. Otherwise, go to line 18.					
18 Enter taxable inco	ome from Form 1041, line 22			18		
19 Enter the smaller	of line 15a or 16a in column				:: :.:	
	ian zero	19		_:		
	or trust's qualified dividends				1.012	
	line 2b(2)					
21 Add lines 19 and		21		4	111500 111500	
	ist is filing Form 4952, enter				1980 ST	
	line 4g; otherwise, enter -0			_		
	rom line 21. If zero or less, enter -0					
	rom line 18. If zero or less, enter -0					
	of the amount on line 18 or \$1,900			25		
	than line 25, skip lines 26-38 and go					
26 Enter the amount						
	rom line 25. If zero or less, enter -0- an	1 1		27		
	ol. (2) and 20*		.	⊣		:: :: ::
	r of line 27 or line 28					
	y 5% (.05)			Telegiel		8
	9 are the same, skip lines 31-36 and g		<i>t</i> .		1132114	
	rom line 27	31			1. N	
	t, if any, from line 15c,	20				1) 1
	r of line 31 or line 32			33		
	y 8% (.08)				34	5
	from line 31					
	y 10% (.10)				36	
If the amounts o	n lines 23 and 27 are the same, skip i	ines 37 thr	ough 46 and on to line			
	r of line 18 or line 23		-			
	t, if any, from line 27					
	from line 37					
40 Add lines 16b, co	ol. (2) and 20*	40	*******************************	(8)	i.i.i.	
	t from line 29 (if line 29 is blank,		_	12 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	773d	
	······································	41		. 600.00.00		
42 Subtract line 41	from line 40	42		(1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	No. 70 p. 1	20
	of line 39 or line 42			43		
	oy 15% (.15)				44	
45 Subtract line 43	from line 39		*************************	45		
	by 20% (.20)				48	
	the amount on line 24. Use the 2003 T					
instructions			***************************************			
	48 Add lines 30, 34, 36, 44, 46, and 47				48	
	i the amount on line 18. Use the 2003 T					
					49	·
	le income. Enter the smaller of line 48	or line 49	here and on line 1a of			
Schedule G. Ford	m 1N41				50	1

*If lines 20 and 22 are more than zero, see Lines 28 and 40 on page 36 for the amount to enter.

Schedule D (Form 1041) 2003

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1 08-01789-cgm SCHEDULE K-1

7:11:09

Doc <u>29</u> 64-10	Filed 09	9/02/10	Entered	l 09/02/	10 17
Doc 2964-10 Beneficiary's Sh	are of Inpo	; o rge _n Ded	uctions, (Credits,	etc.

neticiary's Share of Impongent	eductions,	Credits,
for the calendar year 2003,	, or fiscal year	

_ gninning _

	2003	ending
1		on attig

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nding	 2

Department of the Treasury
Internal Revenue Service

Name of trust or decedent's estate

(Form 1041)

Complete a separate Schedule K-1 for each beneficiary.

Exhibit J

X Final K-1

7	<u> </u>	JU	3
],	4men	ded	K-1

PATRICIA SAMUELS FAMILY TRUST Beneficiary's identifying number ► 098-44-6864

Estate's or trust's EIN ► 13-6905529

Beneficiary's name, address, and ZIP code PATRICIA SAMUELS 14 PINE HILL DRIVE DIX HILLS, NY 11746

Fiduciary's name, address, and ZIP code BERNARD L MADOFF TRUSTEE 885 THIRD AVENUE NEW YORK, NY 10022

(a) Allocable share item		(b) Amount		(c) Calendar year 2003 Form 1040 filers enter the amounts in column (b) on:
Interest	1			Form 1040, line 8a
a Qualified dividends	2a			Form 1040, line 9b
b Total ordinary dividends	2b	48,2	<u>70.</u>	Form 1040, line 9a
Net short-term capital gain (entire year)	3a			Schedule D, line 5, column (f)
b Net short-term capital gain (post 5/5/2003)	3b			Schedule D, line 5, column (g)
Net long-term capital gain (entire year)	4a	869,6		Schedule D, line 12 column (f)
b Net long-term capital gain (post 5/5/2003)	4b	2,303,0	98.	Schedule D, line 12, column (g)
c Qualified 5-year gain	4c			Line 5 of the worksheet for Schedule D, line 35
d Unrecaptured section 1250 gain	4d			Line 11 of the worksheet for Schedule D, line 19
e 28% rate gain	48			Line 4 of the worksheet for Schedule D, line 20
Annuities, royalties, and other nonpassive income				
before directly apportioned deductions	5a			Schedule E, Part III, column (f)
b Depreciation	5ь			
c Depletion	5c			
d Amortization	5d			
a Trade or business, rental real estate, and other rental income		<u>.</u>		
before directly apportioned deductions (see instructions)	8а		1	Schedule E, Part III
b Depreciation	бb			
c Depletion	вс			
d Amortization	6d			
Income for minimum tax purposes	7	917,9	18.	
Income for regular tax purposes (add lines 1, 2b, 3a, 4a, 5a, and 6a)	8	917,9		
Adjustment for minimum tax purposes (subtract line			30.	
8 from line 7)	B			Form 6251, line 14
Estate tax deduction (including certain generation-				
skipping transfer taxes)	10			Schedule A, line 27
Foreign taxes	11		00000	Form 1040, line 44 or Schedule A, line 8
2 Adjustments and tax preference items (itemize);			kuleni.	
a Accelerated depreciation	12a			Include on the applicable
b Depletion	12b			line of Form 6251
c Amortization	126)
d Exclusion items	12d		ng tudaka	2004 Form 8801
Deductions in the final year of trust or decedent's estate:	ministr			
a Excess deductions on termination (see instructions)	13a			Schedule A, line 22
b Short-term capital loss carryover	13b			Schedule D, line 5, column (f) and (g) Sch. D, line 12, col. (f); line 5 of the wksht for Sch. D, line 20; and line 16 of the wksht for Sch. D, line 19
c Long-term capital loss carryover	13c	<u>-</u>		line 20; and line 16 of the wksht for Sch. D, line 19
d Net operating loss (NOL) carryover for regular tax purposes	13 d			Form 1040, line 21
NOL carryover for minimum tax purposes	13e			See the instructions for Form 6251, line 27
1	131			Include on the applicable line
<u>g</u>	13g			of the appropriate tax form
4 Other (itemize):	No.			
a Payments of estimated taxes credited to you	14a			Form 1040, line 62
b Tax-exempt interest	14b			Form 1040, line 8b
c	14c			Include on the applicable line
d	14d	1		of the appropriate tax form

Form **4952**

Investment Interest Expense Deduction

2003

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Attachment 12B

Name(s) shown on return Identifying number PATRICIA SAMUELS FAMILY TRUST 13-6905529 Part I Total Investment Interest Expense Investment interest expense paid or accrued in 2003 (see instructions) SEE STATEMENT 4 143,364. Disallowed investment interest expense from 2002 Form 4952, line 7 64,579. 2 Total investment interest expense. Add lines 1 and 2 207,943. Part II Net Investment Income 4 a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 5 52,539. 4a Qualified dividends included on line 4a 4b Subtract line 4b from line 4a 52,539. Net gain from the disposition of property held for investment 1.073.342. Enter the smaller of line 4d or your net capital gain from the disposition 1,073,342 of property held for investment STMT 6 Subtract line 4e from line 4d 0. Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) <u>155,404.</u> Investment income. Add lines 4c, 4f, and 4g 207,943. 4հ Investment expenses (see instructions) 5 207.943. Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-Part III Investment Interest Expense Deduction Disallowed investment interest expense to be carried forward to 2004. Subtract line 6 from line 3. If zero or less, enter -0-0. 207.943. Investment interest expense deduction. Enter the smaller of line 3 or 6 (see instructions)

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08-01789-cgm Doc 2964-10 Filed 09/02/10 Entered 09/02/10 17:11:09 Exhibit J

RECOMPUTED FOR ALTERNATIVE MINIMUM TAX

OMB No. 1545-0191 Investment Interest Expense Deduction Department of the Treasury Internal Revenue Service Attach to your tax return. Attachment Sequence No. 12B Name(s) shown on return identifying number PATRICIA SAMUELS FAMILY TRUST <u>1</u>3-6905529 Total Investment Interest Expense Investment interest expense paid or accrued in 2003 (see instructions) <u>143,364.</u> Disallowed investment interest expense from 2002 Form 4952, line 7 64,579. 2 Total investment interest expense. Add lines 1 and 2 207,943. Part II Net investment Income 4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) 4a 52,539 Qualified dividends included on line 4a 4b c Subtract line 4b from line 4a 52,539. d Net gain from the disposition of property held for investment 1,073.342. Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment 1,073,342 4e Subtract line 4e from line 4d 0. 4f g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) <u> 155,404.</u> Investment income. Add lines 4c, 4f, and 4g 207,943. 4h Investment expenses (see instructions) Net investment income. Subtract line 5 from line 4h. If zero or less, enter-0-207,943. Investment Interest Expense Deduction Disallowed investment interest expense to be carried forward to 2004. Subtract line 6 from line 3. If zero or less, enter -0-

> REGULAR FORM 4952, LINE 8 LESS RECOMPUTED FORM 4952, LINE 8

Investment interest expense deduction. Enter the smaller of line 3 or 6 (see instructions)

207,943. 207,943.

207,943.

INTEREST ADJUSTMENT - SCHEDULE I LINE 4(A)

0.

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FORM 1041	EXPENSE ALLOC	ATION PER INCOME TYPE	2003
INCOME: LESS DEDUCTIONS: CHARITY	OTHER TAXABLE INCOME	INTEREST	NON-QUALIFIED DIVIDENDS 52,539.
SPECIFIC NON-SPECIFIC	-		4,269.
NET INCOME:			48,270.
INCOME: LESS DEDUCTIONS: CHARITY SPECIFIC NON-SPECIFIC	PASSIVE PASSIVE	U.S. INTEREST	<u>u.s. dividends</u>
NET INCOME:			
NET MOONE.			
INCOME; LESS DEDUCTIONS; CHARITY SPECIFIC	QUALIFIED DIVIDENDS	SHORT-TERM GAIN -1,433,430.	LONG-TERM GAIN 2,506,772.
NON-SPECIFIC			203,674.
NET INCOME;			2,303,098.
INCOME: LESS DEDUCTIONS: CHARITY SPECIFIC NON-SPECIFIC	NONTAXABLE INCOME		
NET INCOME:			

08-01789-cgm Doc 2964-10 PATRICIA SAMUELS FAMILY TRUST	Filed 09/02/10 Er Pg 13 of 27	ntered 09/02/10 17:11:09	2 Exhibit J 13-6905	529
FORM 1041	DIVIDEND INCOM	E	STATEMENT	1
DESCRIPTION	U.S. INTEREST	QUALIFYING DIVIDENDS	ORDINARY DIVIDEND:	5
BERNARD L. MADOFF			52,5	39.
SUBTOTALS			52,5	39.
FOTAL TO FORM 1041, LINE 2		=	52,5	39.
FORM 1041	INTEREST EXPENS	E	STATEMENT	2
DESCRIPTION			AMOUNT	
TOTAL FROM FORM 4952			207,9	43.
TOTAL TO FORM 1041, LINE 10			207.9	43.

13-6905529

SCHEDULE D	LOI	IG-TERM C	APITAL GAINS	AND LOSSES	ST2	ATEMENT 3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	GROSS SALES PRICE	COST OR OTHER BASIS	ENTIRE YEAR GAIN (OR LOSS)	POST MAY 5,2003 GAIN (OR LOSS)
CHUBB	10/17/90	10/03/03	642,500.	175,000.	467,500.	467,500.
FED EX	01/13/97	10/03/03	641,200.	212,500.	428,700.	428,700.
J&J	12/12/95	10/03/03	315,858.	70,002.	245,856.	245,856.
MICRON	09/11/96	10/03/03	33,500.	25,933.	7,567.	7,567.
PEPSICO	01/15/97	10/03/03	228,800.	145,000.	83,800.	83,800.
ADOBE	03/07/95	10/06/03	763,125.	342,500.	420,625.	420,625.
INTEL	10/19/90	10/06/03	735,000.	141,280.	593,720.	593,720.
INTEL	06/24/92	10/06/03	322,500.	119,760.	202,740.	202,740.
PHARMICA	06/06/88	10/06/03	207,500.	151,250.	56,250.	56,250.
MONSANTO	08/19/02	10/06/03	14.		14.	14.
TOTAL TO FORM	1041, SCHED	JLE D	3,889,997.	1,383,225.	2,506,772.	2,506,772.

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PATRICIA SAMUELS FAI	Pg 15 of 2	7	13-6905529
			

FORM 4952 INVESTMENT INTEREST EXPENSE STATEMENT 4				
### ### ### ### ### ### ### ### ### ##	FORM 4952	INVESTMENT INTEREST EXPENSE	STATEMENT	4
### RENARD L. MADOFF (SHORT DIVIDEND) 28,512 FOTAL TO FORM 4952, LINE 1 28,512 FORM 4952 GROSS INVESTMENT INCOME ***TATEMENT 5** ***DESCRIPTION DIVIDEND INCOME FOTAL TO FORM 4952, LINE 4A ***TOTAL TO FORM 4952, L	DESCRIPTION		AMOUNT	
FORM 4952 GROSS INVESTMENT INCOME STATEMENT 5 DESCRIPTION AMOUNT DIVIDEND INCOME 52,539. FORM 4952 NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT DESCRIPTION AMOUNT CHUBB 467,500. FED EX 428,700. J&J 245,856. MICRON 7,567. PEPSICO 83,800. ADOBE 420,625. INTEL 593,720. INTEL 593		SHORT DIVIDEND)		
DESCRIPTION 52,539. FOTAL TO FORM 4952, LINE 4A 52,539. FORM 4952 NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT 6 DESCRIPTION AMOUNT CHUBB 467,500. FED EX 428,700. J&J 245,856. MICRON 7,567. PEPSICO 83,800. ADOBE 420,625. INTEL 593,720. INTEL 202,740. PHARMICA 56,250. MONSANTO 144. LESS SHORT-TERM CAPITAL LOSS -1,433,430.	COTAL TO FORM 4952,	LINE 1	143,36	54.
DIVIDEND INCOME 52,539.	FORM 4952	GROSS INVESTMENT INCOME	STATEMENT	 5
FOTAL TO FORM 4952, LINE 4A FORM 4952 NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT DESCRIPTION CHUBB FED EX J&J SJ SIDENT STATEMENT 6 AMOUNT CHUBB FED EX JAJ SOURCE FED EX JAJ SOURCE FED EX JASJ SOURCE MICRON FEPSICO ADOBE ADOB	DESCRIPTION		AMOUNT	-
FORM 4952 NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT 6 DESCRIPTION AMOUNT CHUBB FED EX 428,700. FED EX 428,700. MICRON 7,567. PEPSICO 83,800. ADOBE 420,625. INTEL 593,720.	DIVIDEND INCOME		52,53	39.
OF PROPERTY HELD FOR INVESTMENT DESCRIPTION CHUBB FED EX FED EX J&J MICRON PEPSICO ADOBE INTEL INTEL INTEL INTEL PHARMICA MONSANTO LESS SHORT-TERM CAPITAL LOSS AMOUNT AMOUNT 467,500. 428,700. 7,567. 83,800. 420,625. 593,720. 14. LESS SHORT-TERM CAPITAL LOSS -1,433,430.	FOTAL TO FORM 4952,	LINE 4A	52,53	39.
CHUBB FED EX FED EX J&J MICRON PEPSICO ADOBE INTEL INTEL INTEL PHARMICA PHARMICA MONSANTO LESS SHORT-TERM CAPITAL LOSS 467,500. 428,700. 428,700. 7,567. 7,567. 83,800. 420,625. 105,250. 420,625. 105,250. 114. 125,250.	FORM 4952		STATEMENT	6
FED EX 428,700. J&J 245,856. MICRON 7,567. PEPSICO 83,800. ADOBE 420,625. INTEL 593,720. INTEL 202,740. PHARMICA 56,250. MONSANTO 14. LESS SHORT-TERM CAPITAL LOSS -1,433,430.	DESCRIPTION		AMOUNT	
TOTAL TO FORM 4952, LINE 4C 1,073,342.	FED EX J&J MICRON PEPSICO ADOBE INTEL INTEL PHARMICA MONSANTO	ITAL LOSS	428,70 245,80 7,50 83,80 420,60 593,70 202,70 56,2	00. 56. 67. 00. 25. 20. 40.
	TOTAL TO FORM 4952,	LINE 4C	1,073,3	42.

1 08-01789-cgm SCHEDULE K-1

Doc 2964-10. Filed 09/02/10. Entered 09/02/10 17:11:09 Beneficiary's Share of Income, Deductions, Credits, etc.

Estate's or trust's EIN

Fiduciary's name, address, and ZIP code

▶ 13-6905529

for the calendar vear 2003, or fiscal year

	TOT THE CATERIORS AS IL SON 'OL HERE
beginning	, 2003, ending

Ę	Exhibit 1
Į	OMB No. 1545-0092
	2003

Department of the Treasury Internal Revenue Service

(Form 1041)

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Complete a separate Schedule K-1 for each beneficiary.

Name of trust or decedent's estate

Beneficiary's name, address, and ZiP code

PATRICIA SAMUELS FAMILY TRUST Beneficiary's identifying number ► 098-44-6864

Amended K-1 X Final K-1

PATRICIA SAMUELS 14 PINE HILL DRIVE	BERNARD L MADOFF TRUSTEE 885 THIRD AVENUE				
DIX HILLS, NY 11746	NEW YORK, NY	10022			
(a) Allocable share item	(b) Amount	(c) Calendar year 2003 Form 1040 filers enter the amounts in column (b) on:			
1 Interest	1		Form 1040, line 8a		
2 a Qualified dividends	_2a		Form 1040, line 9b		
b Total ordinary dividends	2b	48,270.	Form 1040, line 9a		
3 a Net short-term capital gain (entire year)	3a		Schedule D, line 5, column (f)		
b Net short-term capital gain (post 5/5/2003)	35		Schedule D, line 5, column (g)		
4 a Net long-term capital gain (entire year)	48	869,668	Schedule D, line 12 column (f)		
b Net long-term capital gain (post 5/5/2003)	4b	2,303,098.	Schedule D, line 12, column (g)		
c Qualified 5-year gain	4c		Line 5 of the worksheet for Schedule D, line 35		
d Unrecaptured section 1250 gain	44		Line 11 of the worksheet for Schedule D, line 19		
■ 28% rate gain	46		Line 4 of the worksheet for Schedule D, line 20		
5 a Annuities, royalties, and other nonpassive income					
before directly apportioned deductions	5a		Schedule E, Part III, column (f)		
b Depreciation	5b		-		
c Depletion	5c				
d Amortization	5d	,			
6 a Trade or business, rental real estate, and other rental income					
before directly apportioned deductions (see instructions)	ба		Schedule E, Part III		
b Depreciation	6b				
c Depletion	вc				
d Amortization	6d				
7 Income for minimum tax purposes	7	917,938.			
8 Income for regular tax purposes (add lines 1, 2b, 3a, 4a, 5a, and 6a)	8	917,938.			
9 Adjustment for minimum tax purposes (subtract line					
8 from line 7)	9		Form 6251, line 14		
10 Estate tax deduction (including certain generation-					
skipping transfer taxes)	10		Schedule A, line 27		
11 Foreign taxes	11		Form 1040, line 44 or Schedule A, line 8		
12 Adjustments and tax preference items (itemize):		28			
Accelerated depreciation	12a		Instude on the applicable		
b Depletion	12b		Include on the applicable line of Form 6251		
c Amortization	120)		
d Exclusion items	12d		2004 Form 8801		
13 Deductions in the final year of trust or decedent's estate;					
a Excess deductions on termination (see instructions)			Schedule A, line 22		
b Short-term capital loss carryover	13b		Schedule D, line 5, column (f) and (g)		
c Long-term capital loss carryover	_ 13c		Sch. D, line 12, col. (f), line 5 of the wksht. for Sch. D, line 20; and line 16 of the wksht. for Sch. D, line 19		
d Net operating loss (NOL) carryover for regular tax purposes	13d		Form 1040, line 21		
NOL carryover for minimum tax purposes	13e		See the instructions for Form 6251, line 27		
1	131		Include on the applicable line		
	13g		of the appropriate tax form		
14 Other (itemize):					
Payments of estimated taxes credited to you	14a		Form 1040, line 62		
b Tax-exempt interest	145		Form 1040, line 8b		
c	140		Include on the applicable line		
d	140	<u> </u>	of the appropriate tax form		
310861	14e	<u> </u>			

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Pg 17 of 27

NEW YORK Schedule K-1 EQUIVALENT

BENEFICIARY'S INFORMATION

2003

For ca	alendar ye	ear 2003, or fisca	l year	
beginning	, 2003, 8	and ending	 -	1
Name of estate or trust			Check if nonr	
PATRICIA SAMUELS FAMILY TRUST			New York Sta	te Final K-1 🕱
Beneficiary's ID number	T =		Yonkers	
098-44-6864		oyer ID number		
Name and address of beneficiary		3 – 6 9 0 5 5 2 iary's name and a		
PATRICIA SAMUELS		NARD L M		RUSTEE
14 PINE HILL DRIVE		THIRD A		ADIGON
DIX HILLS, NY 11746		YORK, N		2
	<u> </u>			_
(a) Allocable share item		(b) Am	nount	(c) Calendar year 2003 IT-201 or IT-203 filers enter amount in column (b) on
1 FEDERAL DISTRIBUTABLE NET INCOME	••••••	91	7,938.	
Beneficiary's federal distribution (Percentage 100 %)				Information only
2 ADDITIONS:				
A. Interest on obligations of other states B. State and local income taxes		<u></u>		
O OF THE PROPERTY OF THE PROPE				
- Carlot additions		NO		Information only
D. Total additions 3 SUBTRACTIONS:	••••••	ADJUST	MENTS	
A. Interest on U.S. obligations		1	74.	
B. Other subtractions				
C. Total subtractions				
4 A. Net additions				Form IT-201, line 22
B. Net subtractions				Form IT-201, line 30
5 INVESTMENT CREDIT INFORMATION;				T GHILL EQ 1, INIO OO
A. Investment tax credit - manufacturing and production				Form IT-212, line 3
B. Investment tax credit - R&D				Form IT-212, line 4
C. Tax on early disposition		 		Form IT-212, line 17
6 MODIFICATIONS - TAX PREFERENCE ITEMS:				
A. Accelerated depreciation R. Depleting		-		Form iT-220, line 9
B. Depletion				Form IT-220, line 13
NONRESIDENT	T BEN	EFICIARY II	NFORMATI	ON
7 SHARE OF FIDUCIARY ADJUSTMENT:			-	
A. Net additions				Form IT-203, line 21
B. Net subtractions	41			Form !T-203, line 28
8 SHARE OF INCOME, DEDUCTIONS AND CREDITS:)
A. Dividends from New York sources				
B. Short-term capital gain C. Long-term capital pain				
D. Other tayable income				Form IT-203, lines 1 - 18
F Bu 1	,			
F. Federal amounts of tax preference items				j
		.l <u></u>		
ОТІ	HER IN	NFORMATIC	DN	
9 Payments of estimated tax credited to you				Form IT-201, line 68 or
O T Gyments of estimated tax credited to you		 		Form IT-203, line 60
10 Credits				Form IT-201-ATT, Part IV or
		 		Form IT-203-B, Part III
11 New York income tax withheld				Form IT-201, line 65 or
368691 12-10-03	<u></u>	-		Form IT-203, line 57

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Fiduciary Income Tax Return

2003 08-01789-cgm Doc 2964-10 Exhibit J

IT-205

Type desire is easier and present sease and pres	_		HOW LOIK OTHER - CITY OF	New York • City of Yonkers					
September 2	ŕ	i 1		nning , 2003, ending					
PATRICIA SAMUELS PAMILY TRUST	<u> </u>	 7 !	Name of estate or trust						
Laurest steeting years Tast of severe condy	- [·	71577						
BERNARD L MADOFF TRIUSTEE Beneralisy estate CA; Beneralis estate Beneralis	Ī	Complex trust	Complex trust PATRICIA SAMUELS FAMILY TRUST						
Contemplate text Contemplate Contempla	Ļ	1 1 1			▼ Decedent's social security number				
Baskuppy estable Ch	Ļ		,						
Passed testing to India (PR) willings or post office India (PR) willings o	ř			oute)					
Procest recover lund NEW YORK, NY 10.022 Two abundance	F			-	-⊢ _				
A Total Income (from page 2, lins 51) Share Income (from page 2, lins 51) Share Income (from page 2, lins 51) Share Vork adjusted gross notions from NYAGI worksheet, line 3 C Amount from Form IT205A, Schedule 1, line 10, column (e) C Amount from Form IT205A, Schedule 1, line 10, column (e) C I 1 -100 C	ř	- 		State ZIP code					
A Total moore (from page 2, line 51) B New York adjusted gross income from NYAGI worksheat, line 5 C Amount from Form IT205A, Schedule 1, line 10, column (a) P New York modifications relating to amounts allocated to principal 3 Balance (first added in a subtract line 2) 3 Balance (first added in a subtract line 2) 5 Rever York modifications relating to amounts allocated to principal 2 Shady York modifications relating to amounts allocated to principal 3 Balance (first and and of a subtract line 2) 5 Rever York stable income of firducing /first and add or subtract line 3) 5 New York trabable income of firducing /first and add or subtract line 4) 5 New York stable income of firducing /first and add or subtract line 4) 5 New York State amount morn IT 200, Part II, line 2 (resident estate and frust only) 7 New York State tax (from Form IT 205-A, Schedule 1, line 13) 8 If you completed Form TS-205-A, Schedule 1, line 13) 9 Allocated New York State tax (from Form IT 205-A, Schedule 1, line 13) 10 State expants tax on lump-sum distributions and other add backs 10 State expants tax on lump-sum distributions and other add backs 11 Sultract file 10 from line 3 for 5 no 9 12 State expants tax on lump-sum distributions and other add backs 13 State instrument more tax 15 City of New York resident ax con line 5 amount (line or instructions) 16 City of New York semination and line 2 (see instructions) 17 Add line 15 or 15b to line 16 18 City of New York assument ax on line 3 amount (line or instructions) 19 City of New York summation income tax (see instructions) 10 City of New York summation income tax aurority (see instructions) 10 City of New York assument ax aurority (see instructions) 10 City of New York assument ax aurority (see instructions) 10 City of New York assument ax aurority (see instructions) 20 City of New York assument ax aurority (see instructions) 21 City of New York assument ax aurority (see instructions) 22 City of New York assument ax aurority (see instructions) 23 Subtra		Pooled income fund			to you next year, mark box				
A Total income (from page 2, line 51) 8 New York adjusted greas is come from NYAcil worksheet, line 5 C Amount from Form IT-205A, Schedule 1, line 10, column (a) 1 Fedoral taxable income of fouciary from page 2, line 62) 2 New York modifications religiating to amounts allocated to principal 3 Selatance (fine 1 and add or subtract fine 2) 8 A Fiduciary's share of New York fiduciary adjustment (from page 2, Schedule C, column 5) 8 A Fiduciary's share of New York fiduciary adjustment (from page 2, Schedule C, column 5) 9 State tax on line 5 amount (filly) year resident estate and rust only) 9 State tax on line 5 amount (filly) year resident estate and rust only) 10 State order (filly) year resident estate and rust only) 11 New York State tax (filly year resident estate and rust only) 12 Add lines 6 and 7 13 State minimum income tax 14 Total New York State tax (sed lines 11, 12, and 15; see instructions) 15 City of New York resident tax on line 5 amount (see instructions) 16 City of New York state tax (sed lines 11, 12, and 15; see instructions) 17 Add line 5 for 15b to line 16 18 City of New York state tax (sed lines 11, 12, and 15; see instructions) 19 Add line 5 for 15b to line 15 10 City of New York state tax (sed lines 11, line 2 (see instructions) 10 City of New York state tax (sed lines 11, line 2 (see instructions) 11 Add line 5 for 15b to line 16 12 City of New York state tax on line 5 amount (see instructions) 20 City of New York state tax on line 5 amount (see instructions) 21 Add lines 19 and 20 22 City of New York State tax (see instructions) 31 Subtract line 16 from line 17 (if sees than 200, leave blank) 32 Subtract line 16 from line 17 (if sees than 200, leave blank) 33 Subtract line 16 from line 17 (if sees than 200, leave blank) 34 City of New York State line 10 content (see instructions) 25 City of York or State In 16 from line 30 city of New York security tax or line 10 city of New York security tax or line 10 city of New York security tax or line 10 city of New Yo				n'					
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39 Amount of line 38 to be refunded to you 40 Amount of line 38 to be credited to 2004 estimated tax 41 If line 37 is less than the total of lines 29 and 42, enter amount you owe 41.	19 20 21 22 23 24 25 26 27 28	City of New York accumulate Subtract line 18 from line 17 City of New York separate to Add lines 19 and 20 City of New York - UBT cred Subtract line 22 from line 21 City of New York minimum City of Yonkers resident ind City of Yonkers part-year re City of Yonkers nonresident Sales or use tax (see instruct Total New York State, city of 30 Estimated 31 Estimated 32 Subtract I 33 Refundab 34 New York 35 City of New 36 City of York	on distribution credit (if less than zero, leave blank) ax on lump-sum distributions (see instructions) it (from Form IT-219) (if less than zero, leave blank) income tax (see instructions) come tax surcharge from Yonkers worksheet, line o (see instructions) come tax surcharge from Yonkers worksheet, line o (see instructions) income tax (from Form IT-205-A-I, page 4, Worksheet to fiduciary earnings tax (from Form Y-206) It New York, and city of Yonkers, and use tax (add line tax paid (including payments made with Form IT-370) tax payments allocated to beneficiaries (from Form IT-370)	17. 18. 19. 20. 21. 22. 22. 22.	and 16 for figuring city of New York and city of Yonker taxes, credits, and tax surcharges. 23. 24. 25. 26. 27. 28. 0. 29. 0. 30. 31. 32. 33. 34. 35.				
40 Amount of line 38 to be credited to 2004 estimated tax 41 line 37 is less than the total of lines 29 and 42, enter amount you owe. 41.	19 20 21 22 23 24 25 26 27 28	City of New York accumulate Subtract line 18 from line 17 City of New York separate to Add lines 19 and 20 City of New York · UBT cred Subtract line 22 from line 21 City of New York minimum City of Yonkers resident inc City of Yonkers part-year re City of Yonkers nonresident Sales or use tax (see instruct Total New York State, city of 30 Estimated 31 Estimated 32 Subtract I 33 Refundab 34 New York 35 City of New 36 City of York 37 Total (add	on distribution credit (if less than zero, leave blank) ax on lump-sum distributions (see instructions) it (from Form IT-219) (if less than zero, leave blank) income tax (see instructions) come tax surcharge from Yonkers worksheet, line o (see sident tax (from Form IT-205-A-I, page 4, Worksheet to tiduciary earnings tax (from Form Y-206) It New York, and city of Yonkers, and use tax (add line tax payments allocated to beneficiaries (from Form IT-370 tax payments alloca	17. 18. 19. 20. 21. 22. 22.	and 16 for figuring city of New York and city of Yonker taxes, credits, and tax surcharges. 23. 24. 25. 28. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37.				
41 If line 37 is less than the total of lines 29 and 42, enter amount you owe	19 20 21 22 23 24 25 26 27 28	City of New York accumulate Subtract line 18 from line 17 City of New York separate to Add lines 19 and 20 City of New York · UBT cred Subtract line 22 from line 21 City of New York minimum City of Yonkers resident inc City of Yonkers part-year re City of Yonkers nonresident Sales or use tax (see instruct Total New York State, city of 30 Estimated 31 Estimated 32 Subtract I 33 Refundab 34 New York 35 City of New 36 City of York 37 Total (add 38 If line 37 is	on distribution credit (if less than zero, leave blank) ax on lump-sum distributions (see instructions) it (from Form IT-219) (if less than zero, leave blank) income tax (see instructions) come tax surcharge from Yonkers worksheet, line o (see instructions) come tax surcharge from Yonkers worksheet, line o (see instructions) f New York, and city of Yonkers, and use tax (add line tax paid (including payments made with Form IT-370) tax payments allocated to beneficiaries (from Form II) ine 31 from line 30 le credits Identify: State tax withheld www.York tax withheld lines 32 through 36) s more than the total of lines 29 and 42, enter the ove	17. 18. 19. 20. 21. 22. 22. 22. 22. 23. 24. 25. 25. 26.	and 16 for figuring city of New York and city of Yonker taxes, credits, and tax surcharges. 23. 24. 25. 26. 27. 28. 0. 29. 30. 31. 32. 33. 34. 35. 36. 37.				
42 Estimated tax penalty (will reduce line 38 or increase line 41; see instructions)	19 20 21 22 23 24 25 26 27 28	City of New York accumulate Subtract line 18 from line 17 City of New York separate to Add lines 19 and 20 City of New York · UBT cred Subtract line 22 from line 21 City of New York minimum City of Yonkers resident ince City of Yonkers part-year resident ince City of Yonkers nonresident Sales or use tax (see instruct Total New York State, city of 30 Estimated 31 Estimated 32 Subtract I 33 Refundab 34 New York 35 City of New 36 City of York 37 Total (add 38 If line 37 is 39 Amount of	on distribution credit (if less than zero, leave blank) ax on lump-sum distributions (see instructions) it (from Form IT-219) (if less than zero, leave blank) income tax (see instructions) come tax surcharge from Yonkers worksheet, line o (see sident tax (from Form IT-205-A-I, page 4, Worksheet to fiduciary earnings tax (from Form Y-206) If New York, and city of Yonkers, and use tax (add line tax paid (including payments made with Form IT-370) It tax payments allocated to beneficiaries (from Form IT-370) It tax payments	17. 18. 19. 20. 21. 22. 22. 22. 22. 23. 24. 25. 25. 26.	and 16 for figuring city of New York and city of Yonker taxes, credits, and tax surcharges. 23. 24. 25. 26. 27. 28. 0. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39.				
	19 20 21 22 23 24 25 26 27 28	City of New York accumulate Subtract line 18 from line 17 City of New York separate to Add lines 19 and 20 City of New York · UBT cred Subtract line 22 from line 21 City of New York minimum City of Yonkers resident inc City of Yonkers part-year re City of Yonkers nonresident Sales or use tax (see instruct Total New York State, city of 30 Estimated 31 Estimated 32 Subtract I 33 Refundab 34 New York 35 City of New 36 City of New 37 Total (add 38 If line 37 is 39 Amount of	on distribution credit (if less than zero, leave blank) ax on lump-sum distributions (see instructions) it (from Form IT-219) (if less than zero, leave blank) income tax (see instructions) come tax surcharge from Yonkers worksheet, line o (see sident tax (from Form IT-205-A-I, page 4, Worksheet to fiduciary earnings tax (from Form Y-206) I New York, and city of Yonkers, and use tax (add line tax paid (including payments made with Form IT-370) tax payments allocated to beneficiaries (from Form III) ine 31 from line 30 le credits Identify: State tax withheld ww York tax withheld lines 32 through 36) s more than the total of lines 29 and 42, enter the over the 38 to be credited to 2004 estimated tax	17. 18. 19. 20. 21. 22. 22. 22. 22. 22. 23. 24. 25. 25. 26	and 16 for figuring city of New York and city of Yonker taxes, credits, and tax surcharges. 23. 24. 25. 28. 27. 28. 0. 29. 30. 31. 32. 33. 34. 35. 38. 37. 38. 39.				

08-01789-cgm Doc 2964-10 Filed 09/02/10 Entered 09/02/10 17:11:09 Exhibit J Pg 19 of 27 Attach a copy of federal Schedule K-1 (Form 1041) for each beneficiary Schedule A - Details of federal taxable income of a fiduciary of a resident estate or trust. Enter items as reported for federal tax purposes or attach federal Form 1041. 43 Interest income 43 44 Dividends 44. 52,539. 45 Business income (or loss) (attach copy of federal Schedule C or C-EZ, Form 1040) 48 Capital gain (or loss) (attach copy of federal Schedule D, Form 1041) 073.342 47 Rents, royalties, partnerships, other estates and trusts (attach copy of federal Schedule E, Form 1040) 48 Farm income (or loss) (attach copy of federal Schedule F, Form 1040) 49 Ordinary gain (or loss) (attach copy of federal Form 4797) 49 50 Other income (state nature of income) 51 Total income (add lines 43 through 50; enter here and on page 1, line A) 51. 125,881 52 Interest _____ Make check or money order 53 -----53 payable to NY State Income 54 Fiduciary fees 54. Tax; write your employer Iden-Charitable deduction 55. tification number and 2003 Attorney, accountant, and return preparer fees 56. Fiduciary Income Tax on it. Other deductions (itemize on an attached sheet) 57. 58 Mail your completed return to: Income distribution deduction (attach copy of federal Schedules K-1, Form 1041, for each beneficiary) 917,938. STATE PROCESSING CENTER PO BOX 61000 59 Estate tax deduction (attach computation) 50. ALBANY NY 12261-0001 60 Exemption (federal) 61 Total (edd lines 52 through 60) 981 62 Federal taxable income of fiduciary (subtract line 61 from line 51; enter on page 1, line 1) schedule B - New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust 63 Interest income on state and local bonds other than New York (gross amount not included in federal income) 63. Income taxes deducted on federal fiduciary return (see instructions) 64 64 Other (see instructions) Identify: 65 66 Total additions (add lines 63, 64, and 65) 67 Interest income on United States obligations included in federal income 68 Other (see instructions) Identify: 68 69 Total subtractions (add lines 67 and 68) New York fiduciary adjustment (difference between lines 66 and 69 to be entered as total of column 5 below) Schedule C - Shares of New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust Attach additional sheets if necessary. Shares of federal distributable Shares of net income (see instructions) New York (1) Name and address of each beneficiary. New York City of Identifying number fiduciary Check box if beneficiary is a nonresident of: Yonkers of each beneficiary (3)(4) Percent adiustment (B) BENEFICIARY (S) TOTAL 917.938. 100.00 (b) The total of Schedule C, column 5, should be the same as Schedule B, line 70 above **Fiduciary** SEE SCHEDULE K-1(S) ATTACHED 917.938 Totals A. If inter vivos trust, enter name and address of grantor: SEE STATEMENT B. If revocable trust which changed state or city residence during the year, enter the date of the change of residence; C. Resident status - check all boxes that apply: NYS full-year nonresident estate or trust (6) Yonkers full-year resident estate or trust (1) X NYS full-year resident estate or trust (4) X NYC full-year resident estate or trust (7) Yonkers part-year resident trust NYS part-year resident trust (5) NYC part-year resident trust Yonkers full-year nonresident estate or trust D. If an estate, indicate last known address of decedent E. Nonresident estate - indicate state of residency Third -Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes X (complete the following) party Designee's PREPARER Personal identification number (PIN) Designee's

N.Y. 10016

YORK

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NEW YORK Schedule K-1 EQUIVALENT

BENEFICIARY'S INFORMATION

2003

beginning		ar 2003, or fiscal y nd ending		
Name of estate or trust PATRICIA SAMUELS FAMILY TRUST			Check if nonreside New York State Yonkers	ont of: Amended K-1 Final K-1 X
Beneficiary's ID number 098–44–6864		yer ID number 3 - 6 9 0 5 5 2 9		
Name and address of beneficiary		ary's name and ad	•	
PATRICIA SAMUELS 14 PINE HILL DRIVE DIX HILLS, NY 11746	885	IARD L MA THIRD AV YORK, NY		STEE
(a) Allocable share item	<u></u> . <u></u>	(b) Amo	ount (c) Calendar year 2003 IT-201 or IT-203 filers enter amount in column (b) on
1 FEDERAL DISTRIBUTABLE NET INCOME		917	7,938.	
Beneficiary's federal distribution (Percentage 100	%)			Information only
2 ADDITIONS:			E 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2	
A. Interest on obligations of other states				
B. State and local income taxes			1000000	
C. Other additions		NO	- 0.00000	Information only
D. Total additions		ADJUSTN	1ENTS	
3 SUBTRACTIONS:				
A. Interest on U.S. obligations				
B. Other subtractions C. Total subtractions				
		 -		Form IT-201, line 22
4 A. Net additions B. Net subtractions			 i	Form 17-201, line 30
5 INVESTMENT CREDIT INFORMATION;		 		7 0111 71 - 20 1, 1111 30
A. Investment tax credit - manufacturing and production			ļ	Form IT-212, line 3
B. Investment tax credit - R&D				Form IT-212, line 4
C. Tax on early disposition				Form 1 T-212, line 1 7
6 MODIFICATIONS - TAX PREFERENCE ITEMS;				
A. Accelerated depreciation				Form !T-220, line 9
B. Depletion		<u> </u>		Form IT-220, line 13
NONRESI	DENT BEN	EFICIARY IN	IFORMATION	N
7 SHARE OF FIDUCIARY ADJUSTMENT;				
A. Net additions				Form IT-203, line 21
B. Net subtractions		+	<u> </u>	Form IT-203, line 28
8 SHARE OF INCOME, DEDUCTIONS AND CREDITS:			1	
A. Dividends from New York sources				
B. Short-term capital gain				Form IT 909 6 4 49
C. Long-term capital gain D. Other taxable income			——— P	Form IT-203, lines 1 - 18
Γ Δ4 4-1r				
F. Federal amounts of tax preference items			 	
		NFORMATIC	ON .	
	<u> </u>			Form IT-201, line 68 or
9 Payments of estimated tax credited to you	<u> </u>			Form 17-203, line 60
				Form IT-201-ATT, Part IV or
10 Credits				Form IT-203-B, Part III
				Form IT-201, line 65 or
11 New York income tax withheld	*****	1		Form IT-203, line 57

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13-6905529

Y IT-205 NEW YORK AGI WORKSHEET	STATEMENT 1
1) FEDERAL AGI (1041, LINE 15B INSTRUCTIONS)	207,843.
4) ADD LINES 2 AND 3	207,843.

TAX COMPUTATION

- LINE 5 IS \$100,000 OR LESS, USE TAX RATE SCHEDULE.
- LINE 5 IS MORE THAN \$100,000 BUT NOT MORE THAN \$150,000, AND TAXABLE INCOME IS \$100,000 OR LESS, USE TAX COMPUTATION WORKSHEET I.
-] LINE 5 IS MORE THAN \$100,000 BUT NOT MORE THAN \$150,000, AND TAXABLE INCOME IS MORE THAN \$100,000, USE TAX COMPUTATION WORKSHEET IA.
- X] LINE 5 IS MORE THAN \$150,000 BUT NOT MORE THAN \$500,000, AND TAXABLE INCOME IS \$100,000 OR LESS, USE TAX COMPUTATION WORKSHEET II.
- I LINE 5 IS MORE THAN \$150,000 BUT NOT MORE THAN \$500,000, AND TAXABLE INCOME IS MORE THAN \$100,000, USE TAX COMPUTATION WORKSHEET III.
-] LINE 5 IS MORE THAN \$500,000, USE TAX COMPUTATION WORKSHEET IV.

	9-cgm Doc 2964-10 LS FAMILY TRUST		02/10 22 of 2		ered	09/02/10 17:11	.:09	Exhibit J 13-6905	529
IY IT-205	COMPUTATION O	F FEDERAL	AGI	FOR	TAX	WORKSHEET	STA	TEMENT	2
								AMOUNT	
OTAL INCOME FRO	M FORM 1041							1,125,8	81.
NET OPERA	ACCOUNTANT, PRINTING LOSS CARRY DISTRIBUTION D	EPARER FE FORWARD		EXPE	NSE	5		917,9 1	38. 00.
ADJUSTED GROSS I	NCOME							207,8	43.
	TAX C	OMPUTATIO	N WOR	KSHE	ET :	II	STA	TEMENT	3
	5 OR IT-205-A, E 1 BY 6.85% (E			 , LI	NE	5)			

SAMUELS FAMILY TRUST

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13-6905529

) D	LOI	NG-TERM C	APITAL GAINS	AND LOSSES	S STA	ATEMENT 3
CRIPTION	DATE ACQUIRED	DATE SOLD	GROSS SALES PRICE	COST OR OTHER BASIS	ENTIRE YEAR GAIN (OR LOSS)	POST MAY 5,2003 GAIN (OR LOSS)
CHUBB	10/17/90	10/03/03	642,500.	175,000.	467,500.	467,500.
FED EX	01/13/97	10/03/03	641,200.	212,500.	428,700.	428,700.
J&J	12/12/95	10/03/03	315,858.	70,002.	245,856.	245,856.
MICRON	09/11/96	10/03/03	33,500.	25,933.	7,567.	7,567.
PEPSICO	01/15/97	10/03/03	228,800.	145,000.	83,800.	83,800.
ADOBE	03/07/95	10/06/03	763,125.	342,500.	420,625.	420,625.
INTEL	10/19/90	10/06/03	735,000.	141,280.	593,720.	593,720.
INTEL	06/24/92	10/06/03	322,500.	119,760.	202,740.	202,740.
PHARMICA	06/06/88	10/06/03	207,500.	151,250.	56,250.	56,250.
MONSANTO	08/19/02	10/06/03	14.		14.	14.
TOTAL TO FORM	1041, SCHED	ULE D	3,889,997.	1,383,225.	2,506,772.	2,506,772.

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7Y IT-205 SCHEDULE C NAME AND ADDRESS OF GRANTOR OF TRUST STATEMENT

FRANTOR'S NAME:

MARTIN J. JOEL

FRANTOR'S ADDRESS:

Doc 2964-10

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Exhibit J

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OMB No. 1545-0092

SCHEDULE D (Form 1041)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

Employer identification number

PATRICIA SAMUELS FAMILY TRUST								3-6905	529
Note: Form 5227 filers need to complete								<u> </u>	
Part 1 Short-Term Capital Gains		ts Held One Year	or Less						
(a) Description of property (Example, 100 shares 7% preferred of "2" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sale	s price	(e) Cost or basis	other	(f) Gain or (Los for the entire ye (col. (d) less col.	ar or	t-May 5 gain (loss)* e below)
1 HCA	04/04/03	04/22/03	2.121	.000.	3.026.3	250.	-905,25	0.	
HCA	04/04/03						-822,80		
CARMAX	06/04/03				861,		348,17		8,170.
BROADCOM	07/10/03			,950.	990,		-53,55		3,550.
						T _			
2 Short-term capital gain or (loss) from3 Net short-term gain or (loss) from pa						2			
estates or trusts					,.,,	3	<u> </u>		
4 Short-term capital loss carryover. En	ter the amount, if a	ny, from line 9 of ti	he						
2002 Capital Loss Carryover Worksh	eet					4	()	
5a Combine lines 1 through 3 in column		-4				5a		29	4,620.
b Net short-term gain or (loss), Comb	ine lines 1 through	4 in column (f). Er	nter					13/10/99/17:17	
						5b	-143343	0.	
Part II Long-Term Capital Gains							_		
(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sal	es price	(e) Cost or basis		(f) Gain or (Los for the entire ye (col. (d) less col.	ear oi	t-May 5 gain (loss)* sa below)
6 SEE STATEMENT 7							2,506,77	12 2 50	16 772
O SEE STATEMENT /	 -		T				2,300,77	202,30	10,112.
					<u> </u>	-	 -	_	
	 		-		 		 		
-					_		-		
							-		
7 Language on pital animar (Inc.) from	0420 469	4 6050 6791 and	1 0004			7	 		
7 Long-term capital gain or (loss) from						1 -	 	_	
8 Net long-term gain or (loss) from pa		•				•	·		
							 		
10 Gain from Form 4797, Part I						. 10	 		bassassassassassassassassassassassassass
11 Long-term capital loss carryover. En	,	* .				۱.,	1,	10000000	
2002 Capital Loss Carryover Worksh		,) 3 3 5	06,772.
12 Combine lines 6 through 10 in colur						. 12	0 506 7	200000000000000000000000000000000000000	
13 Net long-term gain or (loss). Comb							2,506,7	<u>/ Z • </u>	
* Include in col. (g) all gains and losses fr		= :		•	-	-			
May 5, 2003. However, do not include gai		recaptured section	i 1250 gain	or 28% rate					(B) T 1 1
Part III Summary of Parts I and i					(1) Benefi	CIATIOS	(2) Estate's or trust's	,	(3) Total
Caution: Read the instruc				- 1				20 1	122120
14a Net short-term gain or (loss) (for th							-14334	30I	<u>433430</u> .
b(1) Net short-term gain (post-May 5									
b(2) Net short-term loss (post-May 5						240	(A A D D A)	AC 770
15 a Net long-term gain or (loss) (for th							1,433,4	30.4.5	U6,114.
b Net-long term gain (post-May 5, 20	03)			15b	2,506,	772	•	2000000	Marianta April a makasan
							+		
d Unrecaptured section 1250 gain (se									
• 28% rate gain or (loss)				150	A 6		 		
16 a Total net gain or (loss). Combine li					1,073,	342	•	<u> </u>	73,342
b Combine lines 14b(2) and 15b. If ze							<u> </u>	12511111111111111111111111111111111111	na n
Note: If line 16a, column (3), is a net gain do not complete Part IV. If line 16a, colu	i, enter the gain on mn (3), is a net los	Form 1041, line 4. s, complete Part IV	If lines 15a and the Ca	and 16a, c pital Loss	olumn (2), are Carryover Wo	net gain rksheet.	s, go to Part V, ai as necessary.	nd	

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Schedu	ıle D (Form 1041) 2003					Page 2
Par	TIV Capital Loss Limitation					
17 E	nter here and enter as a (loss) on Form 1041, line 4, th	e sma	lier of			
	The loss on line 16a, column (3) or				1 1	
b					17	(
If the lo	oss on line 16a, column (3), is more than \$3,000, or if l				<u> </u>	
	ver Worksheet on page 36 of the instructions to determ					
	Tax Computation Using Maximum Capital (<u> </u>
<u>*************************************</u>	16a in column (2) are gains, or an amount is	entere	d in Part I or Part	II and there is an entry on Form 10	041,	
	line 2b(2), and Form 1041, line 22 is more th Note: If line 15d, column (2) or line 15e, column (2) is	ıan zer more t	o.) han zero, complet	e the worksheet on page 37 of the	instructions	
	and skip Part V. Otherwise, go to line 18.		,			
18 En	ter taxable income from Form 1041, line 22			18		
	ter the smaller of line 15a or 16a in column					
(2)) but not less than zero	19	•	::::::::::::::::::::::::::::::::::::::		
	ter the estate's or trust's qualified dividends					
fro	om Form 1041, line 2b(2)	20	!			
	ld lines 19 and 20	21				
22 If t	the estate or trust is filing Form 4952, enter	·				
	e amount from line 4g; otherwise, enter -0-	22				
	ubtract line 22 from line 21. If zero or less, enter -0-			23		
	ubtract line 23 from line 18. If zero or less, enter -0-					
				1 1		
	line 24 is more than line 25, skip lines 28-38 and go					
	iter the amount from line 24			26		•
27 Su	ubtract line 26 from line 25. If zero or less, enter -0- and	d ao to	line 37	27		
	dd lines 16b, col. (2) and 20*					
	nter the smaller of line 27 or line 28			29		
	ultiply line 29 by 5% (.05)				30	
	lines 27 and 29 are the same, skip lines 31-36 and g			15,440		
	ubtract line 29 from line 27	1				
	nter the amount, if any, from line 15c,					
	olumn (2)	32			(777,4415)	
	nter the smaller of line 31 or line 32			33	1.22.23	
	ultiply line 33 by 8% (.08)				34	
	ubtract line 33 from line 31					. <u>-</u> . <u>-</u>
	lultiply line 35 by 10% (.10)				36	
If	the amounts on lines 23 and 27 are the same, skip li	ines 37	through 46 and	so to line 47.	1100 SA	
	nter the smaller of line 18 or line 23					
	nter the amount, if any, from line 27					
39 St	ubtract line 38 from line 37			39		
	dd lines 16b, col. (2) and 20*	40		1898 MIN		
	nter the amount from line 29 (if line 29 is blank,					
10	nter -0-)	41				
	ubtract line 41 from line 40					
	nter the smaller of line 39 or line 42			43		
	Nuttiply line 43 by 15% (.15)	44				
	ubtract line 43 from line 39					
	igure the tax on the amount on line 24. Use the 2003 T					
	nstructions					
48 A	dd lines 30, 34, 36, 44, 46, and 47					
	igure the tax on the amount on line 18. Use the 2003 T					
in	nstructions				49	
50 T	ax on all taxable income. Enter the smaller of line 48					
	chedule G. Form 1041				50	

*If fines 20 and 22 are more than zero, see Lines 28 and 40 on page 36 for the amount to enter.

Schedule D (Form 1041) 2003

JWA

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PP17

SCHE,	DULE K-1
(Form	1041)

310861 12-30-03

Department of the Treasury

Internal Revenue Service

Beneficiary's Share of Income, Opeductions, Credits, etc.

for the calendar year 2003, or fiscal year

, 2003, ending Complete a separate Schedula K-1 for each beneficiary. OMB No. 1545-0092

Name of tru	stord	lecede:	nt's	estate
-------------	-------	---------	------	--------

Amended K-1

PATRICIA SAMUELS FAMILY TRUST				LX_J Final K-1	
Beneficiary's identifying number > 098-44-6864	- · · · ·	Estate's or trust's EIN	12 6005520		
Beneficiary's name, address, and ZIP code					
PATRICIA SAMUELS	Fiduciary's name, address, a				
14 PINE HILL DRIVE	BERNARD L MADOFF TRUSTEE 885 THIRD AVENUE				
DIX HILLS, NY 11746					
DIA HILLD, NI 11/40		NEW YORK, NY	10022		
(a) Allocable share item		(b) Amount	(c) Calendar year 2003 Form 1040 filers enter the amounts in column (b) on:		
1 Interest	1		Form 1040 line for	in the same of the	
2 a Qualified dividends	28		Farm 1040, line 9b	1122430	
b Total ordinary dividends	2b	48,270.	Form 1040, line 9b Form 1040, line 9b Form 1040, line 9a		
3 a Net short-term capital gain (entire year)	34		Schedule D, line 5, column (f)) '	
b Net short-term capital gain (post 5/5/2003)	3b		Schedule D, line 5, column (g)		
4 a Net long-term capital gain (entire year)	48	869,668.			
b Net long-term capital gain (post 5/5/2003)	Ab.	(Schedule D, line 12, column (g)		
c Qualified 5-year gain	46	2,303,030	Line 5 of the worksheet for Schedule D, line 35		
d Unrecaptured section 1250 gain	4d	· · · · · · · · · · · · · · · · · · ·	Line 11 of the worksheet for Schedule D, line 19		
	40	 .	Line 4 of the worksheet for Schedule D, line 20		
e 28% rate gain 5 a Annuities, royalties, and other nonpassive income	40	 	Line 4 of the worksheet for Sci	180UIB D, line 20	
•	١.				
before directly apportioned deductions	5a	<u> </u>	Schedule E, Part III, column (f)	· · · · · · · · · · · · · · · · · · ·	
b Depreciation	5b				
c Depletion	50				
d Amortization	5d				
6 a Trade or business, rental real estate, and other rental income					
before directly apportioned deductions (see instructions)	Ва	· · · · · · · · · · · · · · · · · · ·	Schedule E, Part III		
b Depreciation	6b				
c Depletion	Вc				
d Amortization	8d				
7 Income for minimum tax purposes	7	917,938.			
8 Income for regular tax purposes (add lines 1, 2b, 3a, 4a, 5a, and 6a)	8	917,938.			
9 Adjustment for minimum tax purposes (subtract line	}				
8 from line 7)	9		Form 6251, line 14		
10 Estate tax deduction (including certain generation-					
skipping transfer taxes)	10		Schedule A, line 27		
11 Foreign taxes	11		Form 1040, line 44 or Schedu	le A, line 8	
12 Adjustments and tax preference items (itemize):					
Accelerated depreciation	12a		۱ ٦		
b Depletion	12b	·	Include on the applicable		
c Amortization	12c		line of Form 6251		
d Exclusion items	12d		2004 Form 8801		
13 Deductions in the final year of trust or decedent's estate;	2000/200		25011011110001		
Excess deductions on termination (see instructions)	13a		Schedule A, line 22		
b Short-term capital loss carryover	13b	1		and (n)	
c Long-term capital loss carryover	130	· · · · · · · · · · · · · · · · · · ·	Schedule D, line 5, column (f) Sch. D, line 12, col. (f); line 5 of the line 20; and line 16 of the wksht. fo	wksht for Sch. D.	
d Net operating loss (NOL) carryover for regular tax purposes	13d			r Scn. D, line 19	
			Form 1040, line 21 See the instructions for Form 6251, line 27		
NOL carryover for minimum tax purposes	138		7 3	•	
	131		Include on the applicable		
14 Other (itemina):	13 g		of the appropriate tax for	m	
14 Other (itemize):					
a Payments of estimated taxes credited to you	148	 	Form 1040, line 62		
b Tax-exempt interest	14b	<u> </u>	Form 1040, line 8b		
С	14¢		Include on the applicable	e line	
d	14d		of the appropriate tax for	m	